

404539560

**MULTIPLE INDEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		2			
4	2		2			
5	2		2			
6	0		0			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
20			1			
21			1			
22			1			
23			1			
24			1			
25			2			
26			1			
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
35			1			
36			1			
37			5			
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			0			
TOTAL IND.			11			
TOTAL DEP.		198				
TOTAL CLAIMS		156				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52						
53						
54						
55						
56			1			
57			1			
58			1			
59			1			
60			1			
61			1			
62			1			
63			1			
64			1			
65			1			
66			1			
67			1			
68			1			
69			1			
70			1			
71			1			
72			1			
73			1			
74			1			
75			1			
76			1			
77			1			
78			1			
79			1			
80			1			
81			1			
82			1			
83			1			
84			1			
85			1			
86			1			
87			1			
88			1			
89			1			
90			1			
91			1			
92			1			
93			1			
94			1			
95			1			
96			1			
97			1			
98			1			
99			1			
100			1			
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			1			